## TOWN OF AMHERST -- PLANNING BOARD SPECIAL PERMIT APPLICATION

	For Office Use Only			
Applicant(s)	Application #			
Address	Filing Date			
Address	Public Hearing Date			
	Decision/Date			
Telephone Number				
Owner (if other than applicant)	Attorney/Engineer/Architect			
Address	Address			
Telephone	Telephone			
Nature of request				
Amendment to previously granted permit yes no				
Property address				
Assessor Map/Parcel #(s)				
Property Deed Book/Page #(s)				
Zoning District(s)				
Applicable Zoning Bylaw section				

SPECIAL PERMIT APPLICATION			
D 16 W 1 6 2			
Request for Waiver(s)			
Waiver(s) are requested from:			
	****	*	
Signature of applicant(s)		Signature of property owner(c)	
Signature of applicant(s)	,	Signature of property owner(s)	
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	TOWN HALL OFFICE	E USE ONLY	
Received by the Town Clerk on	date	Fee paid \$	
Town Clerk			
Received by the Planning Departm	nent		